

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

9015

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

2498

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Hospital, #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Days  
 (Specify whether years, months or days)  
 In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Mary A. Harrihill8. (b) If veteran, name war None 8. (c) Social Security No. None4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 22, 1885  
(Month) (Day) (Year)8. AGE: Years 55 Months 0 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Thomas Harrihill 513. Birthplace Ireland  
(City, town, or county) (State or foreign country)14. Maiden name Bridget Whalen Ireland  
(City, town, or county) (State or foreign country)15. Birthplace Edna Bergman  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature \_\_\_\_\_

(b) Address 5535 Ulena Ave.17. (a) Burial (b) Date thereof 3-16-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary18. (a) Signature of funeral director Arthur J. Donnelly(b) Address 3840 Lindell Blvd.19. (a) MAK 15 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis 20  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2414 1/2 Elliott Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13,  
year 1940 hour 8:30 minute P. M.21. I hereby certify that I attended the deceased from March  
12, 1940, to March 13, 1940,  
that I last saw him alive on March 13, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic Myocarditis  
Infarct of Lung, no pneumonia  
Due to non-tubercular

Due to \_\_\_\_\_

Other conditions.  
(Include pregnancy within 3 months of death) 93Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Harold L. ... (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 3/14/40

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Lindell

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**